Approved for use through 04/30/2003. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 09/666,725 TRANSMITTAL Filing Date September 20, 2000 **FORM** First Named Inventor Richard B. Himmelstein Art Unit 3621 (to be used for all correspondence after initial filing) Examiner Name Firmin Backer Attorney Docket Number HIM-PT009.1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to Group Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to Group X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please **Terminal Disclaimer** Extension of Time Request Identify below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Remarks RECEIVED Certified Copy of Priority Document(s) Response to Missing Parts/ APR 0 8 2004 Incomplete Application **GROUP 3600** Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Reg. No. 41, 034 Steven J. Gelman Individual name Volpe and Koenig, P.C. Signature Date March 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Steven J. Gelman		
Signature	the dela	Date	March 30, 2004

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for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Application Number	09/666,725	D	
Filing Date	September 20, 2000	\mathbf{Z}	Þ
First Named Inventor	Richard B. Himmelstein	0	PR
Examiner Name	Firmin Backer	U	0
Art Unit	3621	ס	œ
Attorney Docket No.	HIM-PT009.1	W	07

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				5 0 ₹		
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The Director is authorized to: (check <u>all</u> that apply)		1053	130 2,520	1053 1812		Non-English specification For filing a request for ex parte reexamination		
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41.034 Telephone 215-568-6400 Steven J. Gelman Name (Print/Type) March 30, 2004 Date Signature

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